

Montana DPHHS
Clinic Computer Generated VFC Screening Report
Request Form

Date: _____

Name of Facility: _____

VFC ID: _____

Contact: _____

Phone: _____

To use a clinic computer report in place of the Vaccine Eligibility Form or direct data entry into WIZRD, please complete this request form and submit a copy of the report(s) to the MT Immunization Program for approval. One of the two other screening options must be used until a clinic's computer report is approved.

The clinic's internal computer report must meet the following criteria to be accepted.

- The report must be able to generate, for a defined period of time, a list of VFC-eligible children and the vaccines that each child received, by category – Medicaid; No health insurance; American Indian/Alaska Native; and Underinsured (if the clinic is a FQHC or RHC).
- The report must count the number of VFC-eligible children who received immunizations, during a defined period of time. Regardless of the number of visits and immunizations received during the defined period of time, each child can only be counted once. The information must be broken down by category – Medicaid; No health insurance; American Indian/Alaska Native; and Underinsured (if the clinic is a FQHC or RHC) and by age group – under 1 year of age; 1 through 6 years of age; and 7 through 18 years of age. Or the report must allow for manual tallying of this information.
- If the clinic cannot run a report for all eligible categories, the clinic can use the report for one or more categories and then use the Vaccine Eligibility Form for the other categories. For example, if the clinic can run a report for the Medicaid patients, but not the other VFC categories, then the clinic can use the Vaccine Eligibility Form to track the No health insurance; American Indian/Alaska Native; and Underinsured (if the clinic is a FQHC or RHC).
- The report must be able to be run at the request of the Montana Department of Public Health and Human Services (DPHHS) or the US Department of Health and Human Services (DHHS), and for the annual VFC Provider Profile.

Mail to: Montana Immunization Program, PO Box 202951, Helena, MT 59620-2951

For use by the Montana Immunization Program Only

☐ Approved by _____ Date _____

☐ Not Approved Date _____

Why report(s) not approved _____

